



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

**Facility:**

ADDRESS

**APPLICATION FOR  
BROKERAGE**

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date of Application

Case Manager's Name

Service:

**CLIENT DETAILS**

Phone

Local Health District (LHD) (if known)

**ADAHPS CRITERIA**

Does the individual meet the Adahps criteria below:

- a) Residents of: Central Coast, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Northern NSW, Northern Sydney, Nepean Blue Mountains, South Eastern Sydney, South Western Sydney, Sydney, and Western Sydney LHDs
  - Has moderate to severe HAND (HIV-associated Neurocognitive Disorder) or other HIV-related cognitive impairment (such as PML or Cerebral Toxoplasmosis)  Yes  No
  - Has significant functional impact related to HIV  Yes  No
  - Has a case manager  Yes  No
- b) Residents of Far West NSW, Southern NSW, Murrumbidgee, and Western NSW LHDs
  - Has HIV and co-morbidities  Yes  No
  - Has complex psychosocial issues  Yes  No

**HEALTH INFORMATION**

CD4 Count:

Viral load:

Neuropsychological assessment completed?

Yes  No

WHODAS Score?

Has the applicant been hospitalized in the past 6 months?

Yes  No

*If yes → Provide details:*

**FUNDING**

Has the individual applied for/are they receiving other funding?

ACAT  Yes  No  N/A  Approved

Application Number: \_\_\_\_\_

NDIS  Yes  No  N/A  Approved

NDIS Number: \_\_\_\_\_

COMPAKS  Yes  No  N/A  Approved

Participant Number: \_\_\_\_\_

Other:



SES010201

Holes Punched as per AS2828.1: 2019  
BINDING MARGIN - NO WRITING

S1140 101220

APPLICATION FOR BROKERAGE

SES010.201



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**ASSISTANCE REQUIRED**

When is brokerage required by?

*Note: It can take 2-3 weeks to review application and arrange services*

Hrs per week

Time required (insert into the table below):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

*Tick all that apply. Descriptions of services on page 3.*

- Personal care
- Medication adherence
- Respite for carer
- Other:
- Domestic assistance
- Shopping
- Transportation
- Community access
- Meal preparation
- Positive reinforcement

Case Manager's Signature:

Date:

**REVIEW OF APPLICATION (OFFICE USE ONLY)**

Approved?  Yes  No *If no → reason:*

Adahps Co-ordinator Name:

Adahps Co-ordinator Signature:

Date:

Brokerage provided by agency:

Cost per week: \$

**BROKERAGE SERVICES FUNDED BY ADAHPS**

- Personal care**      Supervision and physical assistance with: showering, bathing / personal hygiene, dressing and undressing using dressing aids.
- Domestic assistance**      Prompting and assistance with household duties.
- Medication**      Prompting for medication adherence, assisting in collection of medication from pharmacy. Includes positive reinforcement.
- Shopping**      Assistance with transport to shops, individual attention, support and/or physical assistance with shopping for personal items and groceries.
- Community access**      Travel training; encouragement and support to take part in social and community activities that promote and protect the client's lifestyle, interests and wellbeing.
- Transportation**      Limited to medical appointments.
- Meal preparation**      Assistance, as necessary, in preparing meals and special diets for healthy living. Preparing and storing food.
- Respite**      Ensuring carer is supported and provided with regular breaks, taking client out of home or staying in with client while their carer goes out.
- One-off assistance**      Can be considered on a case by case basis.

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